

In The Matter Of:

DHS-Hearing

*Proposed RI Medicaid State Plan Related to
Community Health Worker Services*

August 13, 2021



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STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

PROCEEDINGS IN RE:

PUBLIC HEARING ON PROPOSED AMENDMENT TO RHODE
ISLAND MEDICAID STATE PLAN RELATED TO COMMUNITY
HEALTH WORKER SERVICES

3 WEST ROAD
CRANSTON, RI 02920
AUGUST 13, 2021
11:00 A.M.

BEFORE: HEARING OFFICER BRYAN LAW,
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

E X H I B I T S

NO.	DESCRIPTION	PAGE
EXHIBIT 1	NOTICE OF PUBLIC HEARING SIGNED BY ANA NOVAIS, ASSISTANT SECRETARY ON BEHALF OF WOMAZETTA JONES, SECRETARY OF THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES ON JULY 30, 2021	3
EXHIBIT 2	ADVANCED NOTICE OF PUBLIC HEARING SENT VIA ELECTRONIC MAIL TO THE RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES'S INTERESTED PARTIES ON JULY 30, 2021	3
EXHIBIT 3	NOTICE OF PUBLIC HEARING ON THE RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES'S WEBSITE ON JULY 30, 2021	3
EXHIBIT 4	NOTICE OF PUBLIC HEARING POSTED ON THE RHODE ISLAND SECRETARY OF STATE'S OPEN MEETING WEBSITE ON JULY 30, 2021	3
EXHIBIT 5	A COPY OF CHAPTER 40-6 OF RHODE ISLAND GENERAL LAW, A COPY OF CHAPTER 40-80 OF RHODE ISLAND GENERAL LAW, AND A COPY OF 42-7.2 OF RHODE ISLAND GENERAL LAW AS AMENDED, ENABLING STATE STATUTES FOR ALL THREE	3
EXHIBIT 6	A COPY OF THE PROPOSED COMMUNITY HEALTH WORK SERVICES STATE PLAN AMENDMENT AS PROPOSED BY THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES DATED JUNE 29, 2021	3

ALLIED COURT REPORTERS, INC. (401) 946-5500

1 (PUBLIC HEARING COMMENCED AT 11:00 A.M.)

2 (EXHIBITS 1-6 MARKED)

3 MR. LAW: We're going to begin.

4 Welcome. We are here today regarding a public
5 hearing concerning Rhode Island's submission of a
6 proposed Medicaid State Plan Amendment to the
7 Centers for Medicare and Medicaid Services (CMS)
8 related to community health worker (CHW) services.
9 EOHHS is seeking federal authority to add coverage
10 of community health worker (CHW) services.

11 Certified CHWs will provide health promotion
12 and coaching, health education and training,
13 health system navigation and resource coordination
14 services, and care planning with a member's
15 interdisciplinary care team.

16 CHW services will be available to Medicaid
17 eligible individuals who have one or more chronic
18 health (including behavior health) conditions, who
19 are at risk for a chronic health condition, and
20 who face barriers meeting their health or
21 health-related social needs.

22 CHW services will be reimbursed on a
23 fee-for-service basis at the following amounts:
24 \$12.13 for 15-minute units of services for
25 individuals, \$3.47 for 15-minute units of service

1 for groups of two to five patients, \$1.52 for
2 15-minute units of service for groups of six or
3 more patients.

4 Each July 1st the rates that were in effect
5 on October 1st of the preceding calendar will be
6 trended by the March release of the New England
7 Consumer Price Index Card, as determined by the
8 United States Department of Labor for medical
9 care, which contains February data.

10 This change would result in an increase in
11 annual expenditures of approximately \$3.6 million
12 All Funds. The proposed effective date of this
13 change is July 1st, 2021.

14 This hearing is being conducted under the
15 provisions of Chapters 40-6, 40-8, and 42-7.2, and
16 42-35 of the Rhode Island General Laws as amended.
17 Today is Friday, August 13, 2021. My name is
18 Bryan Law, and I will be the hearing officer for
19 today's proceeding. Before we start, and so not
20 as to interrupt the proceedings, I'd like to ask
21 those of you with cellphones, pagers, and watch
22 alarms to turn them off at this time. I also
23 would remind the public that per EOHHS policy, all
24 members of the public must wear a facial covering
25 or mask during the hearing today.

1 The purpose of the hearing today is to afford
2 interested parties an opportunity to comment on
3 the Proposed State Plan Amendment listed or
4 described earlier. This hearing is intended for
5 your participation only, and is not intended as a
6 means of providing a forum for discussing,
7 debating, arguing, or otherwise having a dialogue
8 on the record with members of EOHHS.

9 If you care to speak today, the procedure we
10 will use is as follows:

- 11 1. Register at the side of the room.
- 12 2. Speakers will be taken in order of
13 registration.
- 14 3. Five minutes will be allowed for your
15 presentation, unless due to lack of speakers, we
16 could allow for additional time.
- 17 4. When you are called, come to the front of the
18 room. There is also a chair if that's more
19 comfortable for you. Identify yourself by name
20 and affiliation, if any. Make your presentation.
- 21 5. If you have written copy of your statement, we
22 would appreciate having that for the record.

23 After the time has elapsed for the submission
24 of written commentary, EOHHS has three options
25 under state law:

1 The first option: File proposed State
2 Amendment as is with the Federal Centers for
3 Medicare and Medicaid Services, CMS.

4 Second option: File with minor changes,
5 spelling, punctuation, et cetera.

6 Third option: Make major changes in what you
7 see before you today, which would necessitate a
8 new public hearing.

9 Are there any questions on how the public
10 hearing will be conducted today? I do not see any
11 questions.

12 At this time, for the record, we will have a
13 presentation of exhibits:

14 Exhibit Number 1, Notice of Public Hearing
15 signed by Ana Novais, Assistant Secretary on
16 behalf of Womazetta Jones, Secretary of the
17 Executive Office of Health and Human Services on
18 July 30, 2021.

19 Exhibit Number 2, Advanced Notice of Public
20 Hearing sent via electronic mail to the Rhode
21 Island Executive Office of Health and Human
22 Services's interested parties on July 30, 2021.

23 Exhibit Number 3, Notice of Public Hearing on
24 the Rhode Island Executive Office of Health and
25 Human Services's website on July 30, 2021.

1 Exhibit Number 4, Notice of Public Hearing
2 posted on the Rhode Island Secretary of State's
3 open meeting website on July 30, 2021.

4 Exhibit Number 5, a copy of Chapter 40-6 of
5 Rhode Island General Law, a copy of Chapter 40-80
6 of Rhode Island General Law, and a copy of 42-7.2
7 of Rhode Island General Law as amended, enabling
8 state statutes for all three.

9 And, finally, Exhibit Number 6 a copy of the
10 proposed Community Health Worker Services State
11 Plan Amendment as proposed by the Executive Office
12 of Health and Human Services dated June 29, 2021.

13 Okay, at this time I would like to call the
14 first speaker. I have Sarah Lawrence with the
15 Community Health Worker Association of Rhode
16 Island.

17 MS. LAWRENCE: Hello. I am Sarah
18 Lawrence, Director of the Community Health Workers
19 Association of Rhode Island. Thank you very much
20 for this opportunity to comment on the State Plan
21 Amendment to provide community health worker
22 services as a Medicaid benefit. I applaud the
23 EOHHS for this vision it demonstrates in proposing
24 this SPA that endeavors to provide Medicaid
25 recipients a more complete toolkit with a

1 multitude of potentially preventative and
2 health-improving and even life-saving services
3 through backing the work done by community health
4 workers.

5 More than any other state, you recognize the
6 wide array of things community health workers do
7 for, with, and on behalf of their clients on their
8 personal roads to optimal health -- much of the
9 activities lying beyond the clinical setting.

10 It is so gratifying that the EOHHS has not
11 shied away from the fact that the impact of
12 community health workers' work hinges on their
13 services being very situation dependent, localized
14 to geography, and more person-centered perhaps
15 than any other healthcare role.

16 I would like to ask the EOHHS to make some
17 modifications to the SPA for clarity and most
18 effective use of the community health worker
19 benefit. In the same way the SPA outlines the
20 great array of eligibility for community health
21 worker services, and recognizes the diverse nature
22 of the community health worker role in illness
23 prevention, health improvement, and client
24 engagement and management, CHWARI urges you to
25 elaborate on the phrase, under payment

1 methodology, "collateral services" that are
2 billable.

3 The line that follows on rates, "inclusive of
4 time spent conducting outreach to a new patient
5 not yet receiving services," also has a term that
6 needs greater elaboration, "outreach."

7 Regarding this remark on outreach, CHWARI
8 urges EOHHS to consider that a lot of work goes
9 into that first visit that often includes that
10 critical phenomenon of establishing rapport and
11 trust that takes time to get a patient on board.

12 Since community health workers will have,
13 thanks to your language in the SPA, a strong set
14 of indicators they are following for eligibility,
15 CHWARI suggests that you strengthen the language
16 here to reflect what occurs in the field better.
17 That outreach services, and this is my proposal
18 here, CHWARI's proposal, that, "outreach services
19 resulting in establishment of community health
20 workers' service coverage for a new patient be
21 retroactively reimbursed separately under the
22 rate." This explicit accounting of these services
23 will make them more visible to data analysis, and
24 lead to improved projections for the evolving rate
25 going forward in future years.

1 On the overall rate, CHWARI recognizes the
2 deep experience of our partner organizations, and
3 especially Rhode Island Parent Information
4 network, and we respect their assessment that this
5 rate is "grossly inadequate" for their actual
6 workflow that they do engage in with community
7 health workers and Medicaid reimbursement.

8 We encourage the EOHHS to approach its
9 management of the SPA rollout in this first year
10 in a way -- in every way that affords the
11 flexibility to adjust that rate to a more accurate
12 representation of employer need and CHW value in
13 the future.

14 Just a couple more points: An example of
15 that could be doing more in terms of doing more to
16 reflect the real costs. We suggest the explicit
17 and separate coverage of travel time in the
18 reimbursement rate, at least for a specified
19 maximum time period for that travel.

20 CHWARI also points out that the utilization
21 of this benefit may be greatly circumscribed by
22 many organizations outside clinical settings not
23 having the staffing capacity and infrastructure to
24 bill for this benefit. We encourage you to
25 include in the SPA a statement that a Medicaid

1 billing organization can contract with nonbilling
2 organizations to provide community health worker
3 services.

4 Furthermore, CHWARI urges EOHHS to clarify
5 who can authorize community health worker
6 services, as that is unclear in the present SPA.

7 One extra point here, again, I applaud so
8 much of the EOHHS's ambitious State Plan Amendment
9 here. I have been privy to the wonderful work and
10 support of Amy Katzen and Libby Bunzli in getting
11 this across the finish line in such a
12 comprehensive way that really deeply values the
13 community health worker role, but I just want to
14 point to one experience of Minnesota that also has
15 reimbursed through a State Plan Amendment, I
16 believe. They only established one billing code
17 the first year, and it really complicated and
18 rendered moot a lot of what they tried to do. It
19 was an error that I think they might admit, and I
20 have that on the authority on one of the nation's
21 sort of most eminent authority on community health
22 work sustainability and financing, that that did
23 not play out so well. So I urge you to consider
24 having several separate billing codes that can
25 really, again, allow for the flexibility of the

1 deployment of the SPA and further modifications
2 moving forward. Thank you so much for this
3 opportunity. I appreciate all your work.

4 MR. LAW: Thank you for your
5 comments. The next speaker I have is Mary Degnan
6 with Neighborhood Health of Rhode Island -- I'm
7 sorry, independent. Independent, excuse me.

8 MS. DEGNAN: My name is Mary
9 D-e-g-n-a-n. So I am a certified community health
10 worker thanks to the program and the training that
11 Sarah's group at CHWARI had provided a year or two
12 ago, so I thank you for that opportunity, but my
13 role, what I've done in the past eight years has
14 been more on the information technology side, and
15 the management of information systems. That's my
16 current career, and the focus in the past eight
17 years has been in health services. So I work for
18 a consulting firm that provides systems to report
19 on all of the work that the community health
20 workers are doing in the various states. My most
21 recent client was New York, the Medicaid provider
22 there, and then now I'm working with
23 Massachusetts. So that's my background.

24 And with that, I understand the power of the
25 data and what we can do in the healthcare industry

1 with data. And so you might say, okay, well,
2 what's that got to do with community health
3 workers? Well, the direct link is they gather the
4 data. Our community health workers, they know how
5 to gather the data. They know how to ask the
6 questions of the members to get the information
7 that will make them, individually, the member,
8 better health choices, better health outcomes, but
9 then also for the plans, for, you know, the person
10 paying for that, better cost efficiencies. So
11 across the board the community health worker role
12 allows for that efficiency, both from a health
13 outcome and from a cost efficiency.

14 But before I go any further, I do want to
15 thank, that was my next special thanks, to the
16 Executive Office of Health and Human Services for
17 proposing this amendment and adding the coverage
18 for the community health workers. As Sarah had so
19 eloquently described it, to see this happening,
20 and to see Rhode Island leading this charge is so
21 thrilling for me, and makes me proud to be part of
22 that, so I want to thank the Executive Office.

23 Okay, so I'm going to continue on. I want to
24 give an example of, like, when I say gathering the
25 data and providing the information, not only for

1 an immediate health outcome, but for future
2 planning of health, I'll give you an example of
3 what we've seen. So, for example, a nutrition
4 outreach, our community health workers are asking
5 members to think about this statement: Within the
6 past 12 months I was worried about whether I would
7 be able to access, buy the right kind of food, and
8 get to the store to prepare the food that my
9 healthcare provider wants me to eat. We ask the
10 question: Is this often true, sometimes true,
11 never true, or aren't you sure? Let's discuss
12 this. So the community health worker will provide
13 education based on the responses to these
14 questions, provide education, and possibly enroll
15 this member in a healthy meal preparation class.

16 Now, that helps the immediate situation, but
17 then also helps planning in the future.
18 Six months down the road, let's ask the question
19 again, what improvement have we seen? We can
20 track that. So with the data that the community
21 health workers collect, we can leverage good
22 decisionmaking.

23 I'm going to continue on. So basically with
24 more member data, we get better immediate
25 decisions, cost effective solutions, and future

1 decisions for the member for better health
2 outcomes.

3 So, once again, I want to thank the group for
4 seeking to legitimize -- I see this as a step in
5 legitimizing the role of the community health
6 worker. We all know that it has been difficult
7 over the years because, although this is always a
8 desirable endeavor, without legitimizing the role,
9 it's difficult to have that happen because of cost
10 efficiencies and so forth.

11 So I have a couple of just points of
12 questions on reimbursement. So the first one was,
13 and Sarah addressed these as well, the community
14 health services will be reimbursed on a fee for
15 service, which we know. The question I ask is:
16 How does that certified health worker get
17 established to get paid by Medicaid as an
18 independent Medicaid provider, as part of a
19 provider practice, as a Medicaid managed care
20 organization provider, for example, like
21 Neighborhood Health Plan? So that was my first
22 question.

23 My second question on reimbursement: The
24 amendment reads service times billed must be for
25 direct contact with a member or collateral

1 services on an individual basis. Rates are
2 established inclusive of travel time and time
3 spent conducting outreach to a new patient not
4 receiving any CHW service. I would like to, as
5 Sarah had mentioned, gain clarification. Can the
6 community health worker bill for research done on
7 behalf of a client? Can they bill for travel to
8 the client's home? And then, lastly, bill for the
9 outreach on a prospective client, retroactively
10 bill for those that get -- for a member that gets
11 enrolled in a program, but the time that was spent
12 prior?

13 And then my last set of questions is on
14 member eligibility, and, once again, just to
15 understand how will the community health worker
16 get the list of members for reach-out. Trying to
17 plan and think about how that will be established.
18 As I mentioned, will conducting the eligibility
19 screening for services be a billable service if,
20 in fact, they are deemed billable, and who
21 authorizes the eligibility piece.

22 And that is all I have for today, so thank
23 you, all, very much. Thank you, and I appreciate
24 it.

25 MR. LAW: Thank you for your

1 comments. Are there any other persons here
2 present who would like to make a statement
3 concerning the proposed Community Health Worker
4 Services State Plan Amendment? I have no other
5 speakers listed to speak, okay.

6 The submission of any written commentary on
7 the proposed changes will be accepted until the
8 close of business day Friday, August 20, 2021. I
9 want to thank everyone for their attendance today.
10 Whether you spoke or not, I really appreciate your
11 public participation, and, again, thank you for
12 attending, and this concludes the hearing for
13 today. Thank you.

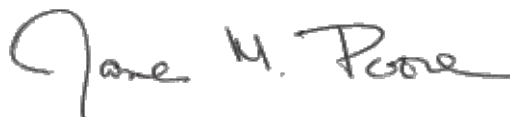
14 (HEARING CONCLUDED AT 11:24 A.M.)

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C E R T I F I C A T E

I, Jane M. Poore, hereby certify that the foregoing is a true, accurate, and complete transcript of my notes taken at the above entitled hearing.

IN WITNESS WHEREOF I have hereunto set my hand this 19th day of August, 2021.



JANE M. POORE, NOTARY PUBLIC/RPR 40740
My commission expires 9/11/21

DATE: August 13, 2021
IN RE: Proposed Amendment

WORD INDEX

< \$ >

\$1.52 4:1
\$12.13 3:24
\$3.47 3:25
\$3.6 4:11

< 0 >

02920 1:12

< 1 >

1 2:3 5:11 6:14
11:00 1:13 3:1
11:24 17:14
12 14:6
13 1:13 4:17
18:20
15-minute 3:24,
25 4:2
1-6 3:2
19th 18:7
1st 4:4, 5, 13

< 2 >

2 2:6 5:12 6:19
20 17:8
2021 1:13 2:5, 8,
10, 13, 20 4:13, 17
6:18, 22, 25 7:3,
12 17:8 18:7, 20
29 2:20 7:12

< 3 >

3 1:12 2:3, 6, 9,
10, 14, 18 5:14
6:23
30 2:5, 8, 10, 13
6:18, 22, 25 7:3

< 4 >

4 2:10 5:17 7:1
401 2:20
40-6 2:14 4:15
7:4
40740 18:14
40-8 4:15
40-80 2:15 7:5
42-35 4:16
42-7.2 2:15 4:15
7:6

< 5 >

5 2:14 5:21 7:4

< 6 >

6 2:18 7:9

< 9 >

9/11/21 18:14
946-5500 2:20

< A >

A.M 1:13 3:1
17:14
able 14:7
accepted 17:7
access 14:7
accounting 9:22
accurate 10:11
18:3
activities 8:9
actual 10:5
add 3:9
adding 13:17
additional 5:16
addressed 15:13
adjust 10:11
admit 11:19
ADVANCED 2:6
6:19
affiliation 5:20
afford 5:1
affords 10:10
ago 12:12
alarms 4:22
ALLIED 2:20
allow 5:16 11:25
allowed 5:14
allows 13:12
although 15:7
always 15:7
ambitious 11:8
AMENDED 2:16
4:16 7:7
AMENDMENT
1:7 2:19 3:6 5:3
6:2 7:11, 21 11:8,
15 13:17 15:24
17:4 18:20
amounts 3:23
Amy 11:10
ANA 2:3 6:15
analysis 9:23
annual 4:11
applaud 7:22
11:7
appreciate 5:22
12:3 16:23 17:10
approach 10:8

approximately

4:11
arguing 5:7
array 8:6, 20
asking 14:4
assessment 10:4
ASSISTANT 2:3
6:15
Association 7:15,
19
attendance 17:9
attending 17:12
AUGUST 1:13
4:17 17:8 18:7,
20
authority 3:9
11:20, 21
authorize 11:5
authorizes 16:21
available 3:16
away 8:11

< B >

background 12:23
backing 8:3
barriers 3:20
based 14:13
basically 14:23
basis 3:23 16:1
BEHALF 2:4
6:16 8:7 16:7
behavior 3:18
believe 11:16
benefit 7:22 8:19
10:21, 24
better 9:16 13:8,
10 14:24 15:1
beyond 8:9
bill 10:24 16:6, 7,
8, 10
billable 9:2
16:19, 20
billed 15:24
billing 11:1, 16, 24
board 9:11 13:11
BRYAN 1:13
4:18
Bunzli 11:10
business 17:8
buy 14:7

< C >

calendar 4:5
call 7:13
called 5:17

capacity 10:23

Card 4:7
care 3:14, 15 4:9
5:9 15:19
career 12:16
cellphones 4:21
Centers 3:7 6:2
Certified 3:11
12:9 15:16
certify 18:2
cetera 6:5
chair 5:18
change 4:10, 13
changes 6:4, 6
17:7
CHAPTER 2:14,
15 7:4, 5
Chapters 4:15
charge 13:20
choices 13:8
chronic 3:17, 19
CHW 3:8, 10, 16,
22 10:12 16:4
CHWARI 8:24
9:7, 15 10:1, 20
11:4 12:11
CHWARI's 9:18
CHWs 3:11
circumscribed
10:21
clarification 16:5
clarify 11:4
clarity 8:17
class 14:15
client 8:23 12:21
16:7, 9
clients 8:7
client's 16:8
clinical 8:9 10:22
close 17:8
CMS 3:7 6:3
coaching 3:12
code 11:16
codes 11:24
collateral 9:1
15:25
collect 14:21
come 5:17
comfortable 5:19
COMMENCED
3:1
comment 5:2
7:20
commentary 5:24
17:6

comments 12:5

17:1
commission 18:14
COMMUNITY
1:7 2:18 3:8, 10
7:10, 15, 18, 21
8:3, 6, 12, 18, 20,
22 9:12, 19 10:6
11:2, 5, 13, 21
12:9, 19 13:2, 4,
11, 18 14:4, 12, 20
15:5, 13 16:6, 15
17:3
complete 7:25
18:3
complicated 11:17
comprehensive
11:12
concerning 3:5
17:3
CONCLUDED
17:14
concludes 17:12
condition 3:19
conditions 3:18
conducted 4:14
6:10
conducting 9:4
16:3, 18
consider 9:8
11:23
consulting 12:18
Consumer 4:7
contact 15:25
contains 4:9
continue 13:23
14:23
contract 11:1
coordination 3:13
COPY 2:14, 15,
18 5:21 7:4, 5, 6,
9
cost 13:10, 13
14:25 15:9
costs 10:16
couple 10:14
15:11
COURT 2:20
coverage 3:9
9:20 10:17 13:17
covering 4:24
CRANSTON 1:12
critical 9:10
current 12:16

< D >

<p>data 4:9 9:23 12:25 13:1, 4, 5, 25 14:20, 24 date 4:12 18:20 DATED 2:20 7:12 day 17:8 18:7 debating 5:7 decisionmaking 14:22 decisions 14:25 15:1 deemed 16:20 deep 10:2 deeply 11:12 Degnan 12:5, 8 D-e-g-n-a-n 12:9 demonstrates 7:23 Department 4:8 dependent 8:13 deployment 12:1 described 5:4 13:19 DESCRIPTION 2:2 desirable 15:8 determined 4:7 dialogue 5:7 difficult 15:6, 9 direct 13:3 15:25 Director 7:18 discuss 14:11 discussing 5:6 diverse 8:21 doing 10:15 12:20 done 8:3 12:13 16:6 down 14:18 due 5:15 during 4:25</p> <p>< E > earlier 5:4 eat 14:9 education 3:12 14:13, 14 effect 4:4 effective 4:12 8:18 14:25 efficiencies 13:10 15:10 efficiency 13:12, 13 eight 12:13, 16</p>	<p>elaborate 8:25 elaboration 9:6 elapsed 5:23 ELECTRONIC 2:6 6:20 eligibility 8:20 9:14 16:14, 18, 21 eligible 3:17 eloquently 13:19 eminent 11:21 employer 10:12 ENABLING 2:16 7:7 encourage 10:8, 24 endeavor 15:8 endeavors 7:24 engage 10:6 engagement 8:24 England 4:6 enroll 14:14 enrolled 16:11 entitled 18:4 EOHHS 3:9 4:23 5:8, 24 7:23 8:10, 16 9:8 10:8 11:4 EOHHS's 11:8 error 11:19 especially 10:3 established 11:16 15:17 16:2, 17 establishing 9:10 establishment 9:19 et 6:5 evolving 9:24 example 10:14 13:24 14:2, 3 15:20 excuse 12:7 EXECUTIVE 1:2, 18 2:4, 7, 9, 19 6:17, 21, 24 7:11 13:16, 22 EXHIBIT 2:3, 6, 9, 10, 14, 18 6:14, 19, 23 7:1, 4, 9 EXHIBITS 3:2 6:13 expenditures 4:11 experience 10:2 11:14 expires 18:14 explicit 9:22 10:16</p>	<p>extra 11:7</p> <p>< F > face 3:20 facial 4:24 fact 8:11 16:20 February 4:9 federal 3:9 6:2 fee 15:14 fee-for-service 3:23 field 9:16 File 6:1, 4 finally 7:9 financing 11:22 finish 11:11 firm 12:18 first 6:1 7:14 9:9 10:9 11:17 15:12, 21 five 4:1 5:14 flexibility 10:11 11:25 focus 12:16 following 3:23 9:14 follows 5:10 9:3 food 14:7, 8 foregoing 18:3 forth 15:10 forum 5:6 forward 9:25 12:2 Friday 4:17 17:8 front 5:17 Funds 4:12 further 12:1 13:14 Furthermore 11:4 future 9:25 10:13 14:1, 17, 25</p> <p>< G > gain 16:5 gather 13:3, 5 gathering 13:24 GENERAL 2:14, 15, 16 4:16 7:5, 6, 7 geography 8:14 getting 11:10 give 13:24 14:2 go 13:14 goes 9:8 going 3:3 9:25</p>	<p>13:23 14:23 good 14:21 gratifying 8:10 great 8:20 greater 9:6 greatly 10:21 grossly 10:5 group 12:11 15:3 groups 4:1, 2</p> <p>< H > hand 18:7 happen 15:9 happening 13:19 HEALTH 1:2, 8, 18 2:4, 7, 10, 18, 19 3:8, 10, 11, 12, 13, 18, 19, 20 6:17, 21, 24 7:10, 12, 15, 18, 21 8:3, 6, 8, 12, 18, 20, 22, 23 9:12, 19 10:7 11:2, 5, 13, 21 12:6, 9, 17, 19 13:2, 4, 8, 11, 12, 16, 18 14:1, 2, 4, 12, 21 15:1, 5, 14, 16, 21 16:6, 15 17:3 healthcare 8:15 12:25 14:9 health-improving 8:2 health-related 3:21 healthy 14:15 HEARING 1:7, 13 2:3, 6, 9, 10 3:1, 5 4:14, 18, 25 5:1, 4 6:8, 10, 14, 20, 23 7:1 17:12, 14 18:5 Hello 7:17 helps 14:16, 17 hereunto 18:6 hinges 8:12 home 16:8 HUMAN 1:2, 18 2:5, 7, 10, 19 6:17, 21, 25 7:12 13:16</p> <p>< I > Identify 5:19 illness 8:22 immediate 14:1, 16, 24</p>	<p>impact 8:11 improved 9:24 improvement 8:23 14:19 inadequate 10:5 include 10:25 includes 9:9 including 3:18 inclusive 9:3 16:2 increase 4:10 independent 12:7 15:18 Index 4:7 indicators 9:14 individual 16:1 individually 13:7 individuals 3:17, 25 industry 12:25 Information 10:3 12:14, 15 13:6, 25 infrastructure 10:23 intended 5:4, 5 interdisciplinary 3:15 INTERESTED 2:8 5:2 6:22 interrupt 4:20 ISLAND 1:1, 7 2:7, 9, 12, 14, 15, 16 4:16 6:21, 24 7:2, 5, 6, 7, 16, 19 10:3 12:6 13:20 Island's 3:5 its 10:8</p> <p>< J > Jane 18:2, 14 JONES 2:4 6:16 JULY 2:5, 8, 10, 13 4:4, 13 6:18, 22, 25 7:3 JUNE 2:20 7:12</p> <p>< K > Katzen 11:10 kind 14:7 know 13:4, 5, 9 15:6, 15</p> <p>< L > Labor 4:8 lack 5:15 language 9:13, 15 lastly 16:8</p>
---	---	---	---	--

LAW 1:13 2:14, 15, 16 3:3 4:18 5:25 7:5, 6, 7 12:4 16:25
Lawrence 7:14, 17, 18
Laws 4:16
lead 9:24
leading 13:20
legitimize 15:4
legitimizing 15:5, 8
leverage 14:21
Libby 11:10
life-saving 8:2
line 9:3 11:11
link 13:3
list 16:16
listed 5:3 17:5
localized 8:13
lot 9:8 11:18
lying 8:9

< M >
MAIL 2:6 6:20
major 6:6
managed 15:19
management 8:24 10:9 12:15
March 4:6
MARKED 3:2
Mary 12:5, 8
mask 4:25
Massachusetts 12:23
maximum 10:19
meal 14:15
means 5:6
MEDICAID 1:7 3:6, 7, 16 6:3 7:22, 24 10:7, 25 12:21 15:17, 18, 19
medical 4:8
Medicare 3:7 6:3
MEETING 2:12 3:20 7:3
member 13:7 14:15, 24 15:1, 25 16:10, 14
members 4:24 5:8 13:6 14:5 16:16
member's 3:14
mentioned 16:5,

18
methodology 9:1
million 4:11
Minnesota 11:14
minor 6:4
minutes 5:14
modifications 8:17 12:1
months 14:6, 18
moot 11:18
most 8:17 11:21 12:20
moving 12:2
multitude 8:1

< N >
name 4:17 5:19 12:8
nation's 11:20
nature 8:21
navigation 3:13
necessitate 6:7
need 10:12
needs 3:21 9:6
Neighborhood 12:6 15:21
network 10:4
never 14:11
New 4:6 6:8 9:4, 20 12:21 16:3
nonbilling 11:1
NOTARY 18:14
notes 18:4
NOTICE 2:3, 6, 9, 10 6:14, 19, 23 7:1
NOVAIS 2:3 6:15
Number 6:14, 19, 23 7:1, 4, 9
nutrition 14:3

< O >
occurs 9:16
October 4:5
off 4:22
OFFICE 1:2, 18 2:4, 7, 9, 19 6:17, 21, 24 7:11 13:16, 22
OFFICER 1:13 4:18
Okay 7:13 13:1, 23 17:5
once 15:3 16:14
OPEN 2:12 7:3

opportunity 5:2 7:20 12:3, 12
optimal 8:8
option 6:1, 4, 6
options 5:24
order 5:12
organization 11:1 15:20
organizations 10:2, 22 11:2
otherwise 5:7
outcome 13:13 14:1
outcomes 13:8 15:2
outlines 8:19
outreach 9:4, 6, 7, 17, 18 14:4 16:3, 9
outside 10:22
overall 10:1

< P >
PAGE 2:2
paggers 4:21
paid 15:17
Parent 10:3
part 13:21 15:18
participation 5:5 17:11
PARTIES 2:8 5:2 6:22
partner 10:2
patient 9:4, 11, 20 16:3
patients 4:1, 3
paying 13:10
payment 8:25
perhaps 8:14
period 10:19
person 13:9
personal 8:8
person-centered 8:14
persons 17:1
phenomenon 9:10
phrase 8:25
piece 16:21
PLAN 1:7 2:18 3:6 5:3 7:11, 20 11:8, 15 15:21 16:17 17:4
planning 3:14 14:2, 17
plans 13:9

play 11:23
point 11:7, 14
points 10:14, 20 15:11
policy 4:23
Poore 18:2, 14
possibly 14:14
POSTED 2:10 7:2
potentially 8:1
power 12:24
practice 15:19
preceding 4:5
preparation 14:15
prepare 14:8
present 11:6 17:2
presentation 5:15, 20 6:13
preventative 8:1
prevention 8:23
Price 4:7
prior 16:12
privy 11:9
procedure 5:9
proceeding 4:19
PROCEEDINGS 1:6 4:20
program 12:10 16:11
projections 9:24
promotion 3:11
proposal 9:17, 18
PROPOSED 1:7 2:18, 19 3:6 4:12 5:3 6:1 7:10, 11 17:3, 7 18:20
proposing 7:23 13:17
prospective 16:9
proud 13:21
provide 3:11 7:21, 24 11:2 14:12, 14
provided 12:11
provider 12:21 14:9 15:18, 19, 20
provides 12:18
providing 5:6 13:25
provisions 4:15
PUBLIC 1:7 2:3, 6, 9, 10 3:1, 4 4:23, 24 6:8, 9, 14, 19, 23 7:1 17:11
PUBLIC/RPR

18:14
punctuation 6:5
purpose 5:1

< Q >
question 14:10, 18 15:15, 22, 23
questions 6:9, 11 13:6 14:14 15:12 16:13

< R >
rapport 9:10
rate 9:22, 24 10:1, 5, 11, 18
rates 4:4 9:3 16:1
reach-out 16:16
reads 15:24
real 10:16
really 11:12, 17, 25 17:10
receiving 9:5 16:4
recent 12:21
recipients 7:25
recognize 8:5
recognizes 8:21 10:1
record 5:8, 22 6:12
reflect 9:16 10:16
regarding 3:4 9:7
Register 5:11
registration 5:13
reimbursed 3:22 9:21 11:15 15:14
reimbursement 10:7, 18 15:12, 23
RELATED 1:7 3:8
release 4:6
remark 9:7
remind 4:23
rendered 11:18
report 12:18
REPORTERS 2:20
representation 10:12
research 16:6
resource 3:13
respect 10:4
responses 14:13
result 4:10
resulting 9:19

<p>retroactively 9:21 16:9 RHODE 1:1, 7 2:7, 9, 12, 14, 15, 16 3:5 4:16 6:20, 24 7:2, 5, 6, 7, 15, 19 10:3 12:6 13:20 RI 1:12 right 14:7 risk 3:19 ROAD 1:12 14:18 roads 8:8 role 8:15, 22 11:13 12:13 13:11 15:5, 8 rollout 10:9 room 5:11, 18</p> <p>< S > Sarah 7:14, 17 13:18 15:13 16:5 Sarah's 12:11 screening 16:19 Second 6:4 15:23 SECRETARY 2:3, 4, 12 6:15, 16 7:2 see 6:7, 10 13:19, 20 15:4 seeking 3:9 15:4 seen 14:3, 19 SENT 2:6 6:20 separate 10:17 11:24 separately 9:21 service 3:25 4:2 9:20 15:15, 24 16:4, 19 SERVICES 1:2, 8, 18 2:5, 18, 20 3:7, 8, 10, 14, 16, 22, 24 6:3, 17 7:10, 12, 22 8:2, 13, 21 9:1, 5, 17, 18, 22 11:3, 6 12:17 13:16 15:14 16:1, 19 17:4 SERVICES'S 2:7, 10 6:22, 25 set 9:13 16:13 18:6 setting 8:9 settings 10:22</p>	<p>several 11:24 shied 8:11 side 5:11 12:14 SIGNED 2:3 6:15 situation 8:13 14:16 six 4:2 14:18 social 3:21 solutions 14:25 sometimes 14:10 sorry 12:7 sort 11:21 SPA 7:24 8:17, 19 9:13 10:9, 25 11:6 12:1 speak 5:9 17:5 speaker 7:14 12:5 Speakers 5:12, 15 17:5 special 13:15 specified 10:18 spelling 6:5 spent 9:4 16:3, 11 spoke 17:10 staffing 10:23 start 4:19 STATE 1:1, 7 2:16, 18 3:6 5:3, 25 6:1 7:8, 10, 20 8:5 11:8, 15 17:4 statement 5:21 10:25 14:5 17:2 States 4:8 12:20 STATE'S 2:12 7:2 STATUTES 2:16 7:8 step 15:4 store 14:8 strengthen 9:15 strong 9:13 submission 3:5 5:23 17:6 suggest 10:16 suggests 9:15 support 11:10 sure 14:11 sustainability 11:22 system 3:13 systems 12:15, 18</p> <p>< T ></p>	<p>taken 5:12 18:4 takes 9:11 team 3:15 technology 12:14 term 9:5 terms 10:15 Thank 7:19 12:2, 4, 12 13:15, 22 15:3 16:22, 23, 25 17:9, 11, 13 thanks 9:13 12:10 13:15 things 8:6 think 11:19 14:5 16:17 Third 6:6 THREE 2:17 5:24 7:8 thrilling 13:21 through 8:3 11:15 time 4:22 5:16, 23 6:12 7:13 9:4, 11 10:17, 19 16:2, 11 times 15:24 today 3:4 4:17, 25 5:1, 9 6:7, 10 16:22 17:9, 13 today's 4:19 toolkit 7:25 track 14:20 training 3:12 12:10 transcript 18:4 travel 10:17, 19 16:2, 7 trended 4:6 tried 11:18 true 14:10, 11 18:3 trust 9:11 Trying 16:16 turn 4:22 two 4:1 12:11</p> <p>< U > unclear 11:6 understand 12:24 16:15 United 4:8 units 3:24, 25 4:2 urge 11:23 urges 8:24 9:8 11:4</p>	<p>use 5:10 8:18 utilization 10:20</p> <p>< V > value 10:12 values 11:12 various 12:20 visible 9:23 vision 7:23 visit 9:9</p> <p>< W > want 11:13 13:14, 22, 23 15:3 17:9 wants 14:9 watch 4:21 way 8:19 10:10 11:12 wear 4:24 WEBSITE 2:10, 12 6:25 7:3 Welcome 3:4 well 11:23 13:1, 3 15:13 We're 3:3 WEST 1:12 we've 14:3 WHEREOF 18:6 wide 8:6 WITNESS 18:6 WOMAZETTA 2:4 6:16 wonderful 11:9 WORK 2:18 8:3, 12 9:8 11:9, 22 12:3, 17, 19 WORKER 1:8 3:8, 10 7:10, 15, 21 8:18, 21, 22 11:2, 5, 13 12:10 13:11 14:12 15:6, 16 16:6, 15 17:3 Workers 7:18 8:4, 6, 12 9:12, 20 10:7 12:20 13:3, 4, 18 14:4, 21 workflow 10:6 working 12:22 worried 14:6 written 5:21, 24 17:6</p> <p>< Y > year 10:9 11:17 12:11</p>	<p>years 9:25 12:13, 17 15:7 York 12:21</p>
---	---	--	--	---